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**NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)

P-5808/1

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]
on _____

Signature _____

Typed or printed
name _____In re Application of
Dimitrios ManoussakisApplication Number
10/664,715Filed
September 18, 2003

For High bias gel tube and process for making tube

Art Unit
1797Examiner
Patricia Kathryn WrightApplicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540
☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

07/11/2011 GARIAS 00000001 021666 10664715

☐ The Director has already been authorized to charge fees in this application to a Deposit Account No. 1730.40 DA
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 021666
☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

/Mark Lindsey/

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

Signature

Mark Lindsey

Typed or printed name

☒ attorney or agent of record. 52515
Registration number _____

201-847-6262

Telephone number

☐ attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____

October 29, 2010

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Adjustment date: 07/11/2011 GARIAS
USPTO/EO11 INTERM 00001600 021666
2330.00 CR 10664715

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>7-11-11</u>		2 Serial/Patent # <u>10/664715</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 20%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$ <u>620.00</u></td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$	<input checked="" type="checkbox"/>	Extension of Time			\$ <u>620.00</u>		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND \$ <u>620.00</u> 8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 02--1666 </div>			
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11 REFUND REQUESTED BY:																																																						
TYPED/PRINTED NAME: <u>Michelle Egan</u>		TITLE: <u>Paralegal</u>																																																				
SIGNATURE: <u>Michelle Egan</u>		PHONE: <u>571-272-4231</u>																																																				
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